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**\*BIBDATASHEET\*****CONFIRMATION NO. 7957**

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/772,103	<b>FILING OR 371(c) DATE</b> 01/26/2001 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> WYS-001.01
<b>APPLICANTS</b> Beatriz M. Carreno, Acton, MA; Clive Wood, Boston, MA; Katherine Turner, Acton, MA; Mary Collins, Natick, MA; Gary S. Gray, Brookline, MA; Donna Morris, Salem, NH; Denise O'Hara, Reading, MA; Paul R. Hinton, Fremont, CA; Naoya Tsurushita, Palo Alto, CA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/178,473 01/27/2000  <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/01/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 22	<b>TOTAL CLAIMS</b> 23
<b>INDEPENDENT CLAIMS</b> 7				
<b>ADDRESS</b> 22852				
<b>TITLE</b> ANTIBODIES AGAINST CTLA4				
<b>FILING FEE RECEIVED</b> 1514	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	